

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7242

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS

Length of stay in lb  
5 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VET ADM. HOSPITAL

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY phelps

c. CITY OR TOWN LECOMA

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

JOHN

Middle

W.

Last

GIBSON

4. DATE OF DEATH

Month

Day

Year

JULY

10

1963

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-24-82

9. AGE (last birthday)  
81

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
LACOMA MISSOURI

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

RILEY GIBSON

13b. MOTHER'S MAIDEN NAME

CAROLINE MISSOURI

14. NAME OF HUSBAND OR WIFE

ELSIE GIBSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ELSIE GIBSON, See 2 above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONITIS & CARDIAC FAILURE

INTERVAL BETWEEN ONSET AND DEATH  
36 HRS

FRACTURE OF LEFT FEMUR (INTERTROCHANTERIC)

4 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

904.9-45

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

SENILITY CARDIA VASCULAR DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
00

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 7-6-63 to 7-10-63 and last saw him alive on 7-10-63

Death occurred at 5:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Philip C. Lehman MD

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, or REMOVAL (Specify)

7-13-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Rolla, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Null & Son Funeral Home, Rolla, Missouri.

25. DATE RECD. BY LOCAL REG.

JUL 12 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

1 208107

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JUL 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.